ARGOS THERAPEUTICS

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## 09/073,596 Application Number REQUEST FOR May 6, 19<del>9</del>8 Filing Date CONTINUED EXAMINATION (RCE) First Named Inventor Steinman et al. **TRANSMITTAL** 1644 Art Unit Address to: Mall Stop RCE Examiner Name Gerald R. Ewoldt Commissioner for Patents P.O. Box 1450 MEROIORC Attorney Docket Number Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO ) on page 2.						
1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).  a. □ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.  i. □ Consider the arguments in the Appeal Brief or Reply Brief previously filed on  ii. □ Other 07/12/2005 BABRAHAI 00000010 503187 0907359  b. ☑ Enclosed 01 FC:2801 395.00 DA  i. ☑ Amendment/Reply iii. □ Information Disclosure Statement (IDS)  ii. □ Affidavit(s)/Declaration(s) iv. □ Other  2. Miscellaneous  a. □ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  b. □ Other  3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.  a. ☑ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-3187 □ I have enclosed a duplicate copy of this sheet.  i. ☑ RCE fee required under 37 CFR 1.17(e)						
ii. 🗵 Extensio	on of time fee (37 CFR 1.136 and 1.17)					
iii. ☐ Other b. ☐ Check in the a	amount of \$enclosed					
c. Payment by credit card (Form PTO-2038 enclosed)						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Signature	alane sell	Date		July 8, 29	105	
Name (Print / Type)	Elaine Sale, Ph.D., J.D.	Registr	ation No.	41286		
CERTIFICATE OF MAILING OR TRANSMISSION						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.						
Signature	varabo astau					
Name (Print/Type)	Lynthey D. Hall	Date	July 8, 2	July 8, 2005		

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commented the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.